

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015375

FILED MAY 12 1959

Registration District No.

Primary Registration District No.

STATE FILE NUMBER

Register's No. 3894

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital DOA</b>		d. STREET ADDRESS (If outside, give location) <b>3451 Sidney, St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Orin</b> Middle <b>Clyde</b> Last <b>McNeill</b>		4. DATE OF DEATH Month <b>April</b> Day <b>20</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> 3. WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 9, 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Freight Handler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railway Express</b>	9. AGE (In years last birthday) <b>58</b>
11. BIRTHPLACE (City and state or country) <b>Salem, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph T. McNeill</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Davidson</b>	
14. NAME OF HUSBAND OR WIFE <b>Nellie</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>714-10-8779</b>		17. INFORMANT <b>Denny McNeill, 3451 Sidney, St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> <b>Lobar Pneumonia</b> <b>Traumatic Subarachnoid</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>apparently suffered in fall at his apartment at 615 Walnut St. on or about April 20 1959.</b> DUE TO (c) <b>St. Louis Mo</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of box 18.) <b>St. Louis Mo</b>	
20c. TIME OF INJURY Hour <b>4</b> Month, Day, Year <b>20 59</b> a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>253 Hotel</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Paul J. Simon</b>	
22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>4/20/59</b>	
23a. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/>		23b. DATE <b>4-21-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Salem, Missouri.</b>		23d. LOCATION (City, town, or county) <b>Salem, Missouri.</b>	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington, Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>APR 20 '59</b>	
26. REGISTRAR'S SIGNATURE <b>Coal Smith, M.D.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ent enclosures in this card must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3749

P. O. Address. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.